

12-013 Classification of Residents and Corresponding Weights

12-013.01 Resident Level of Care: The Department shall assign each resident to a level of care based on information contained on his/her assessment form which is completed in accordance with 471 NAC 12-007. There are nineteen levels of care. Levels of care are arranged in a hierarchy according to the following descriptions. Residents without the characteristics which result in a classification of Extensive Special Care 3 are analyzed for the characteristics which result in a classification of Extensive Special Care 2; if Extensive Special Care 2 is not appropriate, the next classification is considered in turn until the appropriate classification for the resident is determined.

1. A resident is assigned to Extensive Special Care 3 (level NF70) if the resident has an ADL Index score (see 471 NAC 12-013.02) of seven or more, and has three or four of the following conditions.
 - a. Parenteral feeding (K.5.a.)
 - b. Suctioning (P.1.a.i.)
 - c. Tracheostomy care (P.1.a.j.)
 - d. Ventilator/Respirator (P.1.a.l.)
2. A resident is assigned to Extensive Special Care 2 (level NF69) if the resident has an ADL Index score of 7 or more, and has two of the conditions listed in 1 above.
3. A resident is assigned to Extensive Special Care 1 (level NF68) if the resident has an ADL Index score of 7 or more, and has one of the conditions listed in 1 above.
4. A resident is assigned to Special Special Care 3 (level NF62) if the resident has an ADL Index score of 17 or 18, and has at least one of the following conditions:
 - a. Burns (M.4.b.);
 - b. Coma (B.1.);
 - c. Fever (J.1.h.) in combination with any of the following: vomiting (J.1.o.), weight-loss (of 5% in the last month or 10% in the last 6 months) (K.3.a.), pneumonia (I.2.e.), or dehydration (J.1.c.);
 - d. Multiple sclerosis (I.1.w.);
 - e. Pressure ulcers of stage 3 (M.1.c.) or 4 (M.1.d.);
 - f. Quadriplegia (I.1.z.);
 - g. Septicemia (I.2.g.);
 - h. IV medications (P.1.a.c.);
 - i. Radiation treatment (P.1.a.h.); or
 - j. Tube feeding (K.5.b.).
5. A resident is assigned to Special Special Care 2 (level NF61) if the resident has an ADL Index score of 14 through 16, and has at least one of the conditions listed in 4 above.
6. A resident is assigned to Special Special Care 1 (level NF60) if the resident has an ADL Index score of 7 through 13, and has at least one of the conditions listed in 4 above.

Transmittal # MS-03-09

Supersedes

Approved SEP 14 2003

Effective

SEP - 1 2003

Transmittal # MS-02-06

7. A resident is assigned to Clinically Complex 4 (level NF56) if the resident has an ADL Index score of 17 or 18, and has at least one of the following conditions:
- Aphasia (I.1.r.);
 - Aspirations (J.1.k.);
 - Cerebral palsy (I.1.s.);
 - Dehydration (J.1.c.);
 - Hemiplegia (I.1.v.);
 - Internal Bleeding (J.1.j.);
 - Pneumonia (I.2.e.);
 - Stasis ulcer (M.2.b.);
 - Terminal illness (J.5.c.);
 - Urinary tract infection (I.2.j.);
 - Chemotherapy (P.1.a.a.);
 - Dialysis (P.1.a.b.);
 - Four or more physician orders (S.7.);
 - Respiratory therapy (P.1.b.d.);
 - Transfusions (P.1.a.k.);
 - Oxygen therapy (P.1.a.g.);
 - Surgical wounds (M.4.g.) and Surgical wound/pressure ulcer care (M.5.e. or M.5.f.); or
 - A combination of conditions from column 1 and column 2 below (at least one item from column 1 AND from column 2 must be present):

Column 1

Column 2

cuts (other than surgery)	(M.4.f.)	other skin care/treatment (M.5.i.)
open lesions other than		foot soaks (S.6.)
stasis/pressure ulcers	(M.4.c.)	foot care dressings (M.6.f.)

8. A resident is assigned to Clinically Complex 3 (level NF55) if the resident has and ADL Index score of 11 through 16, and has at least one of the conditions listed in 7 above.
9. A resident is assigned to Clinically Complex 2 (level NF54) if the resident has an ADL Index score of 6 through 10, and has at least one of the conditions listed in 7 above. Residents who qualify for Extensive Special or Special groups but have an ADL Index score of 6 are also assigned to this level.
10. A resident is assigned to Clinically Complex 1 (level NF53) if the resident has an ADL Index score of 4 or 5, and has at least one of the conditions listed in 7 above. Residents who qualify for Extensive Special or Special Special groups but have an ADL Index score of 4 or 5 are also assigned to this level.
11. A resident is assigned to Impaired Cognitive 2 (NF49) if the resident has an ADL Index score of 6 through 10, and has impairment in all three of the following categories:
- Short-term memory (B.2.a.: 1 is indicated)
 - Memory/Recall (B.3.: a. or b. or c. or d. is blank, or B.3.e. (none of the above) is checked)
 - Cognitive skills (B.4.: 1, 2 or 3 is indicated)

Transmittal # MS-03-09

Supersedes

Approved

SEP 14 2004

Effective

- 1 2000

Transmittal # MS-02-06

12. A resident is assigned to Impaired Cognitive 1 (level NF48) if the resident has an ADL Index score of 4 or 5, and has all of the impairments listed in 11 above.
13. A resident is assigned to Challenging Behavior 2 (level NF45) if the resident has an ADL Index score of 6 through 10, and has a behavior code of "3" in at least one of items a – d, or have at least one field checked in item e:
 - a. Inappropriate behavior (E.4.d.);
 - b. Physical abuse (E.4.c.);
 - c. Verbal abuse (E.4.b.);
 - d. Wandering (E.4.a.); or
 - e. Hallucinations/delusions (J.1.i./J.1.e.).
14. A resident is assigned to Challenging Behavior 1 (level NF44) if the resident has an ADL Index score of 4 or 5, and has a behavior code of "3" in at least one of items a – d, or has at least one field checked in item e as listed in 13 above.
15. A resident is assigned to Physical Function 5 (level NF39) if the resident has not qualified for another level of care and has an ADL Index score of 16 through 18. Residents who qualify for Impaired Cognitive/Behavioral Problem groups but have an ADL Index score of 16 through 18 are also assigned to this level.
16. A resident is assigned to Physical Function 4 (level NF38) if the resident has not qualified for another level of care and has an ADL Index score of 11 through 15. Residents who qualify for Impaired Cognitive/Behavioral Problem groups but have an ADL Index score of 11 through 15 are also assigned to this level.
17. A resident is assigned to Physical Function 3 (level NF37) if the resident has not qualified for another level of care and has an ADL Index score of 9 or 10.
18. A resident is assigned to Physical Function 2 (level NF36) if the resident has not qualified for another level of care and has an ADL Index score of 6 through 8.
19. A resident is assigned to Physical Function 1 (level NF35) if the resident has not qualified for another level of care and has an ADL Index score of 4 or 5.

Transmittal # MS-03-09

Supersedes

Approved SEP 14 2004

Effective SEP - 1 2003

Transmittal # MS-02-06

12-013.02 The ADL (Activities of Daily Living) Index: The ADL Index combines scores from four ADLs - bed mobility, toileting, transfer, and eating. The Index is used in determining the resident's level of care.

The Index is formed by scoring a resident on the component ADLs as described below:

ADL	
Score	
Bed Mobility, Toileting, and Transfer (each scored separately):	
If Resident "Self Performance" is:	
Independent or Supervision	1
Limited Assistance	3
Extensive Assistance or Total Dependence AND	
"Support Provided" is:	
Other than two + persons physical assist	4
Two + persons physical assist	5
Eating:	
If Resident "Self Performance" is:	
Independent or Supervision	1
Limited Assistance	2
Extensive Assistance or Total Dependence OR	
Resident receives Parenteral or Tube Feeding	3

The scores from each ADL variable are summed to compute the ADL Index score (the ADL Index score will range from 4 to 18 for each resident).

12-013.03 Weighting of Resident Days Using Resident Level of Care and Weights: Each facility resident is assigned to a level of care per 471 NAC 12-013.01. Each resident's level of care is appropriately updated from each assessment to the next - the admission assessment, a significant change assessment, the quarterly review, the annual assessment, etc., and is effective for payment purposes on the first day of the month of the applicable assessment if it is received by the tenth day of the month of the applicable assessment. A change in resident level of care which results from an audit of assessments (see 471 NAC 12-013.05) is retroactive to the effective date of the assessment which is audited.

For purposes of the Nebraska Medicaid Case Mix System, the Department does not change an assessment record. A record modification may replace an existing record in the Centers for Medicare and Medicaid Services (CMS) MDS data base, but the Department will not replace the existing record in the Nebraska Medicaid Case Mix system. The record modification will be processed by the Department as an original record. This means that the Department will process the record in the usual manner if the record is not already in the Case Mix system. The Department will reject the record as a duplicate if the record has already been accepted into the Case Mix system. The Department will inactivate a discharge or re-entry tracking record but not an assessment.

Transmittal # MS-03-09

Supersedes

Approved

SEP 14 2004

Effective

SEP 1 2003

Transmittal # MS-02-06

For each reporting period, the total number of residents in each level of care is multiplied by the total number of corresponding days for each resident at that level. This product is then multiplied (weighted) by the corresponding weight (see 471 NAC 12-013.04). Each resulting product is the Weighted Resident Days for that level. The Weighted Resident Days for all levels are then summed to determine the total number of Weighted Resident Days for the facility, which is the divisor for the Direct Nursing Component.

12-013.04 Resident Level of Care Weights: The following weighting factors shall be assigned to each resident level of care:

<u>Description</u>	<u>Level</u>	<u>Weight</u>
Extensive Special Care 3 (ESC3)	70	8.53
Extensive Special Care 2 (ESC2)	69	6.14
Extensive Special Care 1 (ESC1)	68	4.42
Special Special Care 3 (SSC3)	62	3.96
Special Special Care 2 (SSC2)	61	3.53
Special Special Care 1 (SSC1)	60	3.27
Clinically Complex 4 (CC4)	56	3.29
Clinically Complex 3 (CC3)	55	2.83
Clinically Complex 2 (CC2)	54	2.46
Clinically Complex 1 (CC1)	53	1.69
Impaired Cognitive 2 (IC2)	49	2.32
Impaired Cognitive 1 (IC1)	48	1.42
Challenging Behavior 2 (CB2)	45	2.23
Challenging Behavior 1 (CB1)	44	1.20
Physical Function 5 (PF5)	39	2.72
Physical Function 4 (PF4)	38	2.40
Physical Function 3 (PF3)	37	2.13
Physical Function 2 (PF2)	36	1.63
Physical Function 1 (PF1)	35	1.00
Short-Term Stay	50	XX*
NF 35	51	XX**
NF 36	52	XX**

Transmittal # MS-03-09

Supersedes

Approved

SEP 14 2004

Effective

SEP 1 2003

Transmittal # MS-02-06

*Level of Care 50 (Short-term stay) is used for stays of less than 14 days when a client is discharged and the facility does not complete a full MDS 2.0 assessment of the client. The weight is calculated for LOC 50 at 110% of the facility's average case weight determined for all assessed residents during a cost report period. The weight for LOC 50 is finalized retroactively for each cost report period. This is effective for admissions on or after July 1, 1998.

**Levels of Care 51 and 52 are used for clients at levels of care 35 and 36, respectively, who are approved under 471 NAC 12-011.14A.

12-013.05 Verification: Resident assessment information is audited as a procedure in the Department of Health and Human Services Regulation and Licensure Survey and Certification process.

12-014 Services for Long Term Care Clients with Special Needs

12-014.01 The term "Long term care clients with special needs" means those whose medical/nursing needs are complex or intensive and are above the usual level of capabilities of staff and exceed services ordinarily provided in a nursing facility as defined in 471 NAC 12-003.

12-014.01A Ventilator-Dependent Clients: These clients are dependent on mechanical ventilation to continue life and require intensive or complex medical services on an on-going basis. The facility shall provide 24-hour R.N. nursing coverage.

12-014.01A1 Criteria for Care: The client must -

1. Require intermittent (but not less than 10 hours in a 24-hour period) or continuous ventilator support. S/he is dependent on mechanical ventilation to sustain life, or is in the process of being weaned from mechanical ventilation. (This does not include individuals using continuous positive airway pressure (C-PAP) or Bi-level positive airway pressure (Bi-PAP) nasally; patients requiring use of Bi-PAP via a tracheostomy will be considered on a case-by-case basis);
2. Be medically stable and not require intensive acute care services;
3. Have care needs which require multi-disciplinary care (physician, nursing, respiratory therapist, psychology, occupational therapy, physical therapy, pharmacy, speech therapy, spiritual care, or specialty disciplines);

Transmittal # MS-03-09

Supersedes Approved SEP 14 2004 Effective SEP - 1 2003

Transmittal # MS-03-05

4. Require daily respiratory therapy intervention and/or modality support (for example: oxygen therapy, tracheostomy care, chest physiotherapy, deep suctioning, etc.); and
5. Have needs that cannot be met at a lesser level of care (for example: skilled nursing facility, nursing facility, assisted living, private home).

12-014.01B Clients with Brain Injury:

12-014.01B1 Clients Requiring Specialized Extended Brain Injury Rehabilitation:

These clients must require and be capable of participating in an extended rehabilitation program. Their care must be -

1. Primarily due to a diagnosis of acute brain injury (see 471 NAC 12-001.04); or
2. Primarily due to a diagnosis of chronic brain injury following demonstration of significant improvement over a period of six months while receiving rehabilitative services based on approval by NMAP.

12-014.01B1a Criteria for Care: The client must:

1. Require physician services that exceed those described in 471 NAC 12-007.09;
2. Have needs that exceed the nursing facility level of care (that is, needs that cannot be met at a lower level of care such as a traditional nursing facility, assisted living, or a private home), as evidenced by:
 - a. Complex medical needs as well as extended training or rehabilitation needs that together exceed the criteria for nursing facility level of care;
 - b. Combinations of extended training or rehabilitative needs that together exceed the criteria for nursing facility level of care;
 - c. Extended training or rehabilitation needs that require multi-disciplinary care including but not limited to those provided by a psychologist, physician, nurse, occupational therapist, physical therapist, speech and language pathologist, cognitive specialist, rehabilitation trainer, etc.; or
 - d. Complex combinations of needs from various domains such as behavior, cognitive, medical, emotional and physical.

Transmittal # MS-03-09

Supersedes

Approved

SEP 14 2004

Effective

SEP 1 2003

Transmittal # MS-03-05

3. Be capable of participating in an extended training or rehabilitation program evidenced by:
 - a. Ability to tolerate a full rehabilitation schedule daily;
 - b. Being medically stable and free from complicating acute major medical conditions that would prohibit participation in an extended rehabilitation program;
 - c. Possessing the cognitive ability to communicate some basic needs, either verbally or non-verbally;
 - d. Being able to respond to simple requests with reasonable consistency, not be a danger to themselves or others, but may be confused, inappropriate, engage in non-purposeful behavior in the absence of external structure, exhibit mild agitation, or have severe attention, initiation, and/or memory impairment (minimum Level IV on the Rancho Los Amigos Coma Scale; and
 - e. Being absent of addictive habits and/or behaviors that would inhibit successful participation in the training or rehabilitation program;
4. Have potential to benefit from an extended training or rehabilitation program resulting in reduced care needs, increased independence, and a reasonable quality of life as evidenced by:
 - a. Possessing a current documented prognosis that indicates that s/he has the potential to successfully complete an extended training or rehabilitation program;
 - b. Possessing the ability to learn compensatory strategies for, or to acquire skills of daily living in areas including, but not limited to transportation, money management, aide management, self medication, social skills, or other self cares which may result in requiring residency in a lower level of residential care; and
 - c. Documentation supporting that s/he is making continuous progress in an extended training or rehabilitation program including transitional training for successful discharge or transfer.

12-014.01B2 Criteria for Care of Clients Requiring Long Term Care Services for Brain Injury: The client must:

1. Have needs that exceed the nursing facility level of care (that is, needs cannot be met at a lower level of care such as traditional nursing facility, assisted living, or a private home), as evidenced by:

Transmittal # MS-03-09

Supersedes

Approved

SEP 11 2004

Effective

JUL - 1 2003

Transmittal # MS-03-05

- a. Combinations of medical, care and/or rehabilitative needs that together exceed the criteria for nursing facility level of care;
 - b. Care that requires a specially trained, multi-disciplinary team including but not limited to physician, nurse, occupational therapist, physical therapist, speech and language pathologist, psychologist, cognitive specialist, adaptive technologist, etc.;
 - c. Complex care needs occurring in combinations from various domains such as behavior, cognitive, medical, emotional, and physical that must be addressed simultaneously; or
 - d. Undetermined potential to benefit from extended training and rehabilitation program;
2. Be capable of participating in clinical program as evidenced by:
 - a. Being non-aggressive and non-agitated;
 - b. Being absent of addictive habits and/or behaviors that would inhibit participation in clinical program;
 3. Have potential to benefit from clinical program as evidenced by:
 - a. Being cognitively aware of surroundings and/or events;
 - b. Being able to tolerate open and stimulating environment;
 - c. Being able to establish/tolerate routines;
 - d. Being able to communicate verbally or non-verbally basic needs; and
 - e. Requiring moderate to extensive assistance to preserve acquired skills.

12-014.01C Other Special Needs Clients: These clients must require complex medical/rehabilitative care in combinations that exceed the requirements of the nursing facility level of care. These clients may also use excessive amounts of supplies, equipment, and/or therapies. The client must meet the criteria for one of the two following categories:

12-014.01C1 Criteria for Care of Clients with Rehabilitative Special Needs: The client must -

1. Be medically stable and require physician visits or oversight activities two to three times per week;
2. Require multi-disciplinary care (for example, physician, nursing, psychology, respiratory therapy, occupational therapy, physical therapy, speech therapy, pharmacy, spiritual care, or specialty disciplines);
3. Require care in multiple body organ systems;
4. Require a complicated medical/treatment regime, requiring observation and intervention by specially trained professionals, such as:

Transmittal # MS-03-09

Supersedes

Approved

SEP 14 2004

Effective

SEP 14 2005

Transmittal # MS-03-05

- a. Multiple stage 2, or at least one stage 3 or stage 4 decubiti with other complex needs;
 - b. Multiple complex intravenous fluids, or nutrition with other complex needs;
 - c. Tracheostomy within the past 30 day with other complex care needs;
 - d. Intermittent ventilator use (less than ten hours in a 24-hour period) with other complex care needs;
 - e. Respiratory therapy treatments/interventions more frequently than every six hours with other complex care needs;
 - f. Initiation of Continuous Abdominal Peritoneal Dialysis (CAPD) or established CAPD requiring five or more exchanges per day with other complex care needs; or
 - g. In room hemodialysis as required by a physician with other complex care needs;
5. Require extensive use of supplies and/or equipment;
 6. Have professional documentation supporting that s/he is making continuous progress in the rehabilitation program beyond maintenance goals; and
 7. Have care needs that cannot be met at a lesser level of care (for example, skilled nursing facility, nursing facility, assisted living or private home.)

12-014.01C2 Criteria for Care of Pediatric Clients with Special Needs: The client must-

1. Be under age 21;
2. Be medically stable;
3. Require multidisciplinary care (physician, nursing, respiratory therapy, occupational therapy, physical therapy, psychology, or specialty disciplines); and
4. Require a complex medical/treatment regimen requiring observation and intervention by specially trained professionals, such as:
 - a. Tracheostomy care/intervention with other complex needs;
 - b. Intermittent ventilator use (less than ten hours in a 24-hour period) with other complex needs;
 - c. Respiratory therapy treatments/interventions more than every six hours with other complex care needs; or

Transmittal # MS-03-09

Supersedes

Approved

SEP 14 2004

Effective

SEP - 1 2005

Transmittal # MS-03-05